		AND HUMAN SERVICES & MEDICAID SERVICES	45	\cup	= Q/x2/12	FORM	: 06/13/201: APPROVEC : 0938-039
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	l · ·		E CONSTRUCTION / 01 - BUILDING #1		E SURVEY MPLETED
		445141	B. WING			06	/10/2013
NAME OF P	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	<u>-</u>	•
BRADLE	Y HEALTH CARE & F	REHAB					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	OTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(XS) COMPLETION DATE
K 017 SS=D	Corridors are separal constructed with at rating. In sprinklere required to resist the non-sprinklered but above the ceiling, at the underside of permitted by Code, waiting areas, dining may be open to the conditions specified be separated from	rated from use areas by walls least ½ hour fire resistance and buildings, partitions are only to passage of smoke. In Idings, walls properly extend (Corridor walls may terminate ceilings where specifically Charting and clerical stations, g rooms, and activity spaces corridor under certain in the Code. Gift shops may corridors by non-fire rated is fully sprinklered.)	κ.	017	1. On 6/26/13 the maintenance staff repaired the penetrations above the ofire doors at room 418 and also at the doors by room 416. 2. On 6/26/13 the maintenance man and staff checked for penetrations ab the fire doors. No other penetrations found. 3. To ensure that all penetrations are and caulked penetrations will be adde the monthly checks of the maintenant beginning 6/26/13. 4. Beginning 6/26/13 the maintenant manager will report outcomes of the monthly check to the monthly QAPI committee and the Administrator will ultimately communicate to the gover body at their meeting.	eiling e fire ager ove all s were e sealed ed to oce staff	07/19/13
	Based on observat	s not met as evidenced by: ion, the facility failed to fire rated construction.					
	The findings include	· ·					

The findings include:

Observation on June 6, 2013 at 2:00 p.m. revealed penetrations in the following locations:

- Above ceiling at fire doors by room 418 has a penetration the in wall and the head wall joint is not sealed and fire caulked.
- 2. Above ceiling at fire doors by room 416, the head wall joint is not sealed and fire caulked.

These findings were verified by the maintenance director and acknowledged by the administrator

LABORATORY-DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

Eveni ID: 32HM21

Facility ID: TN0601

If continuation sheet Page 1 of 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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	445141	B. WING				
			8. WING		06/10/2013	
	NAME OF PROVIDER OR SUPPLIER BRADLEY HEALTH CARE & REHAB			EET ADDRESS, CITY, STATE, ZIP CODE 910 PEERLESS RD LEVELAND, TN 37312		
(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E NTE	(X5) COMPLETION DATE
17 Continued From page 1 during the exit conference on June 10, 2013. 38 NFPA 101 LIFE SAFETY CODE STANDARD =D Exit access is arranged so that exits are readily accessible at all times in accordance with section				On 7/15/2013 contracted service added a concrete sidewalk the full length of wing 4 west hall starting at the exterior exit in the		07/19/13
Based on observation of the findings included the findings included the findings included the will ischarge from the billidewalk to lead to the finding was verification and acknowled the finding was verification and acknowledges with the finding was verification and acknowledges with the finding was verification and the finding was ve	ion, the facility failed to assure vere accessible. e 6, 2013 at 11:30 a.m. ng 4 dining room exit building did not have a he public way. ified by the maintenance reledged by the administrator		3	 Exterior doors were checked and they hard surface leading to the public way. It is sidewalks were identified as needing repart or additions. Facility sidewalks will be included on a quarterly environmental rounds that are conducted by maintenance staff. Any identified areas for improvement will be reported to the Administrator. Beginning July 2013, the maintenance manager will report any exterior exit sidewalk not constructed of a hard surfact any sidewalk needing repair to the quarte QAPI committee and ultimately the 	the tee or early	
REPA 101 LIFE SAF Required automatic ontinuously maintal ondition and are ins eriodically. 19.7.6 .7.5 his STANDARD is	sprinkler systems are ined in reliable operating spected and tested 6, 4.6.12, NFPA 13, NFPA 25, not met as evidenced by:	ΚO	62	test on the sprinkler system. 2. On 6/20/13 and 6/21/13 the contracted service checked the sprinkler system and found no obstruction and replaced 3 gaug 3. The 5 year obstruction investigation test and the 5 year replacement test will be add to the 5 year preventative maintenance list	es. st led	07/19/13
dy Ear Cellii Slight Scott	continued From participation on Junior the exit conference with the servation on Junior the findings included by the findings included by the findings included by the finding was verification and acknown uring the exit conference automatic portinuously maintain ondition and are inseriodically. 19.7.5	uring the exit conference on June 10, 2013. IFPA 101 LIFE SAFETY CODE STANDARD exit access is arranged so that exits are readily expensively at all times in accordance with section 1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure it exit discharges were accessible. The findings include: The several that the wing 4 dining room exit ischarge from the building did not have a dewalk to lead to the public way. This finding was verified by the maintenance rector and acknowledged by the administrator uring the exit conference on June 10, 2013. FPA 101 LIFE SAFETY CODE STANDARD required automatic sprinkler systems are ontinuously maintained in reliable operating and are inspected and tested eriodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25,	continued From page 1 uring the exit conference on June 10, 2013. IFPA 101 LIFE SAFETY CODE STANDARD ixit access is arranged so that exits are readily ccessible at all times in accordance with section .1. 19.2.1 this STANDARD is not met as evidenced by: Based on observation, the facility failed to assure II exit discharges were accessible. the findings include: beservation on June 6, 2013 at 11:30 a.m. evealed that the wing 4 dining room exit ischarge from the building did not have a dewalk to lead to the public way. this finding was verified by the maintenance rector and acknowledged by the administrator uring the exit conference on June 10, 2013. FPA 101 LIFE SAFETY CODE STANDARD equired automatic sprinkler systems are ontinuously maintained in reliable operating and are inspected and tested eriodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 7.5 his STANDARD is not met as evidenced by: ased on record review and interview, the facility	continued From page 1 uring the exit conference on June 10, 2013. IFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily coessible at all times in accordance with section .1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure II exit discharges were accessible. The findings include: The findings include: The servation on June 6, 2013 at 11:30 a.m. The evealed that the wing 4 dining room exit ischarge from the building did not have a dewalk to lead to the public way. This finding was verified by the maintenance rector and acknowledged by the administrator uring the exit conference on June 10, 2013. FPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating andition and are inspected and tested eriodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 7.5 This STANDARD is not met as evidenced by: ased on record review and interview, the facility	CROSS-REFERENCED TO THE APPROPRIA EX 14 1. On 7/15/2013 contracted service adde concrete sidewalk the full length of wing west hall starting at the exterior exit in the wing 4 dining room. 2. Exterior doors were checked and they hard surface leading to the public way. No sidewalks were identified as needing report or additions. 3. Facility sidewalks will be included on quarterly environmental rounds that are conducted by maintenance staff. Any identified areas for improvement will be reported to the Administrator. 4. Beginning July 2013, the maintenance and solved walk needing repair to the quarter or with a diministrator will report to the governing body. 5. Section done was the calcility and constructed service added concrete sidewalk the full length of wing west hall starting at the exterior exit in the wing 4 dining room. 2. Exterior doors were checked and they hard surface leading to the public way. No sidewalks were identified as needing report or additions. 3. Facili	Continued From page 1 uring the exit conference on June 10, 2013. IFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily coessible at all times in accordance with section 1. 19.2.1 K 038 I. On 7/15/2013 contracted service added a concrete sidewalk the full length of wing 4 west hall starting at the exterior exit in the wing 4 dining room. I. Exterior doors were checked and they had hard surface leading to the public way. No sidewalks were identified as needing repair or additions. I. Facility sidewalks will be included on the quarterly environmental rounds that are conducted by maintenance staff. Any identified areas for improvement will be reported to the Administrator. It exit discharges were accessible. In this STANDARD is not met as evidenced by: assert on the building did not have a dewalk to lead to the public way. It is finding was verified by the maintenance rector and acknowledged by the administrator uring the exit conference on June 10, 2013. FPA 101 LIFE SAFETY CODE STANDARD equired automatic sprinkler systems are infilinuously maintained in reliable operating ondition and are inspected and tested arricalically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 7.5 K 038 I. On 7/15/2013 contracted service added a concrete sidewalk the full length of wing 4 west hall starting at the exterior exit in the wing 4 dining room. I. On 6/10/13 acceptance of the public way. No sidewalks were identified as needing repair or additions. I. Facility sidewalks will be included on the quarterly evironmental rounds that are conducted by maintenance staff. Any identified areas for improvement will be reported to the Administrator. I. On 6/20/13 and 6/21/13 contracted service performed a 5 year obstruction investigation test and a 5 year robstruction investigation test and found no obstruction and replaced 3 gauges. I. On 6/20/13 and 6/21/13 the contracted service performed a 5 year obstruction investigation test and the 5 year replacement test will be added to the 5 year representative ma

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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CENTERS FOR MEDICARE & MEDICAID SERVICES					OMB NO. (
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		PLE CONSTRUCTION G 01 - BUILDING #1		(X3) DATE SURVEY COMPLETED		
	445141		B. WING			06/10/2013			
NAME OF PROVIDER OR SUPPLIER BRADLEY HEALTH CARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 2910 PEERLESS RD CLEVELAND, TN 37312						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	VIEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE		
K 062	a.m. revealed the form of the	e: interview with the or on June 10, 2013 at 10:15 ollowing sprinkler deficiencies: ion showing the 5 year ation test has been performed	К	K 062 4. Beginning 7/10/13 the maintenance manager will report the outcomes of the obstructive investigative test and the replacement test to the QAPI committee the Administrator will ultimately communicate to the governing body at meeting.					
	director and acknown during the exit confine NFPA 101 LIFE SATE Heating, ventilating, with the provisions of accordance with specifications. 1919.5.2.2	viedged by the administrator erence on June 10, 2013. FETY CODE STANDARD and air conditioning comply of section 9.2 and are installed the manufacturer's 1.5.2.1, 9.2, NFPA 90A,	K 06	067	 On July 2, 3, 10, 15,& 16 2013 contracted services inspected the fire dampers throughout the building. On July 2, 3, 10, 15 & 16 2013 contracted services repaired damper parts found to be malfunctioning. To ensure that fire dampers are checked every 4 years, the maintenance director will add to the 4 year preventative maintenance log. Beginning 7/17/13 the maintenance 		07/19/13		
	This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their heating, ventilating, and air conditioning (HVAC). The findings include:				manager will report fire damper checks to the monthly QAPI committee and the Administrator will ultimately communicate to the governing body at his meeting.				
	director on June 10,	ility failed to inspect and test							

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/13/2013 FORM APPROVED OMB NO. 0938-0301

STATEMENT	T DE DECICIONA	CIEC (NA) BEGINS				<u> </u>		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING #1			(X3) DATE SURVEY COMPLETED	
445141			B. WING	B. WING			/10/2013	
NAME OF PROVIDER OR SUPPLIER BRADLEY HEALTH CARE & REHAB				2	REET ADDRESS, CITY, STATE, ZIP CODE 1910 PEERLESS RD CLEVELAND, TN 37312			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 067	This finding was ver	ge 3 rified by the maintenance viedged by the administrator erence on June 10, 2013.	K		Preparation and/or execution of the plan do not constitute admission of agreement by the provider that a deficiency exists. This response is not to be construed as an admission fault by the facility, its employees, agents or other individuals who draw be discussed in this response plan of correction. This plan of correction is submitted as the facility creditible allegation of compliance	also on of raft or and ity's		